

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
04-014

2. STATE  
Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
01-01-2005

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 435.22 and Section 1902(r)(2) of the Social  
Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 05 \$ 923,129.47  
b. FFY 06 \$ 1,230,839.30

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.2-  
A, Page 1  
Supplement 8a to Attachment 2.6-A, Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.2-  
A, Page 1

10. SUBJECT OF AMENDMENT:

Eligibility under 42 CFR 435.222 and Section 1902(r)(2) of the Social Security Act

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Steve Renne

14. TITLE:  
Acting Director, Department of Social Services

15. DATE SUBMITTED:

16. RETURN TO:

Denise Cross, Director  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65103

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
January 1, 2005

18. DATE APPROVED:  
February 10, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2005  
21. TYPED NAME:  
James G. Scott

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]  
22. TITLE: Acting Associate Regional Administrator  
for Medicaid and Children's Health

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A  
Page 1  
OMB NO.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Missouri

**REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18**

**A. Other Defined Groups – Options for Coverage of the Categorically Needy**

**In reference to Attachment 2.2-A B.7.b.(6), the following group is covered:**

**Individuals under the age of 21 who are placed in a foster home or private institution, and for whom the State of Missouri's Department of Social Services - Children's Division is assuming full or partial financial responsibility.**

---

TN No. MS-04-14

Supersedes

TN No. MS-91-44

Approval Date

**FEB 10 2005**

Effective Date 01/01/2005

HCFA ID: 7982E

**SUPPLEMENT 8a TO ATTACHMENT 2.6-A**  
**Page 5**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: Missouri**

**For the reasonable classification of individuals under age 21 who are placed in a foster home or private institution, and for whom the State of Missouri's Department of Social Services – Children's Division is assuming full or partial financial responsibility, in reference to 42 CFR 435.222 (Attachment 2.2-A B.7.b.(6)):**

**Exclude all income.**

**TN No. MS-04-14**  
**Supersedes**  
**TN No. N/A**

**Approval Date FEB 10 2005**

**Effective Date 01/01/2005**